

Phone calls work better to remind people about colon cancer screening

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Live phone calls significantly outperform text messages and letters as a way to remind patients to complete and return at-home screening tests for colon cancer, according to new research in the *Journal of General Internal Medicine*.

The study included more than 2,700 patients who receive care in safety-net clinics and who were overdue for [colon cancer screening](#). Colon cancer screening is recommended for everyone ages 50-75.

The patients were sent test kits by mail, and 10 percent mailed back their completed tests within three weeks. Those who did not return the kits within that period were assigned to one of seven reminder interventions. These included a phone call from a clinic outreach worker (live call), two [automated calls](#), two text messages, a single reminder letter, or a combination of these strategies.

The live phone call [intervention](#) was most effective, resulting in 32 percent of patients in this group completing and returning their test kit within six months. The [text message](#) intervention was the least effective—only 17 percent of patients in this group completed and mailed back their test.

"We knew that these patients are not as text savvy as younger patients, but we didn't expect text messaging to do so poorly, compared to the other strategies," said Gloria Coronado, PhD, lead author and cancer disparities researcher with the Kaiser Permanente Center for Health

Research. "Text messaging is a relatively inexpensive way to send patient reminders, but for this group it was also relatively ineffective."

Patients received the various reminders in their preferred language. Phone calls were the most effective strategy for all patients, but English speakers were more likely to respond to the single live phone call, while Spanish speakers were more likely to respond to the combination of a live call and two automated calls.

People assigned to receive the live call and the automated calls had more contacts with the health care system. It appears that Spanish speakers appreciated this additional contact, while English speakers may have been more likely to disregard the additional automated calls, said Coronado.

"The phone calls may help to build trust or confianza, which is an important value and motivator for care-seeking among Hispanics," added Ricardo Jimenez, MD, co-author and medical director of Sea Mar Community Health Centers in Seattle, where the study took place.

"Our study shows that one reminder intervention doesn't necessarily work for all patients. We need to design interventions tailored to the patient's language and cultural preference," explained Coronado.

Initially, at-home fecal screening tests were sent to 2,722 patients who received their health care in the Sea Mar system and who were overdue for colon cancer screening. Some of the tests were returned by the U.S. Postal Service because patients no longer lived at the address on file. After excluding these patients and the patients who mailed their test kits back within three weeks, there were 2,010 assigned to one of the seven reminder interventions.

The authors believe it is the first study to rigorously [test](#) the

effectiveness of reminder strategies in a safety net system among patients with different language preferences.

Study strengths include its large, diverse sample size and ability to capture the patients' demographic and medical information in the medical record. The study also has some limitations. Researchers could determine whether the text messages were sent to active cell numbers, but not whether patients received the [text](#) messages. They also don't know whether [patients](#) listened to the automated [phone](#) messages or read the postcards.

More information: www.ncbi.nlm.nih.gov/pubmed/24937017

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